

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148
Registered No. 71

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Matilda Carbajal { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other 4 5. No., in order of birth 4 6. Legitimate? Yes 7. Date of birth March 14, 1927
Month Day Year

8. FATHER
Full name Mmanuel Carbajal
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Mexico
(State or country)

14. MOTHER
Full maiden name Maria Perez
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 36 (Years)
18. Birthplace (city or place) Mexico
(State or country)

13. Occupation miner
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother Twelve
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living seven
(b) Born alive but now dead five
(c) Stillborn none
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. C. Harper
Physician (Physician or midwife).

Given name added from a supplemental report. Address Globe, Arizona

Month, day, year _____
Filed 3-31, 1927 St. J. Horst
Registrar Registrar

423-314-479

SEPARATE RETURN must be made at a